## MULTIPLE DE DENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER I AMENDMENT		AFTER 2 MANENDMENT				AS F
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	L	- The second section of		THE PERSON NAMED IN		Office Control		CLAIMS	

PTO - 1360 (REV. 11/04)

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U.S. DEPARTMENT of COMMERCE Fatent and Trademark Office